

FILED AUG 28 1941 791

Registration District No.

Primary Registration District No.

1002

Registrar's No.

1. PLACE OF DEATH:

(a) County ST. LOUIS
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2107 S. GRAND BLV.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 1 years, months or days)

3. (a) PRINT FULL NAME FRANCIS G. TUPPER

3. (b) If veteran, name war No. 3. (c) Social Security No. 494-07-832

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife BETTY TUPPER 6. (c) Age of husband or wife if alive 32 years
7. Birth date of deceased APRIL 17 1880 (Month) (Day) (Year)

8. AGE: Years 61 Months 2 Days 28 If less than one day hr. min.

9. Birthplace RICHMOND VIRGINIA (City, town, or county) (State or foreign country)

10. Usual occupation MOVING PICTURE OPERATOR

11. Industry or business GRAVOIS THEATER

12. Name UNK. TUPPER
13. Birthplace UNKNOWN (City, town, or county) (State or foreign country)
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Betty Tupper

(b) Address 2107 S. Grand Blv.

17. (a) CREMATION (b) Date thereof JULY 18 1941 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MISSOURI CREMATORY

18. (a) Signature of funeral director E. J. Schmur

(b) Address 3125 Lafayette St.

19. (a) JUL 17 1941 (Date received local registrar) (b) W. Fredrick (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS
(c) City or town ST. LOUIS (If outside city or town limits, write "RURAL")
(d) Street No. 2107 S. GRAND BLV. (If rural, give location)
(e) Citizen of foreign country? (Yes or No) No
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 15 year 1941 hour 5:45 minute PM

21. I hereby certify that I attended the deceased from 2/1 to 7/15 1941
that I last saw alive on 7/14 1941
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Occlusion Duration: 1 day
Due to Cardio-nephritis shortly

Other conditions: as above 5 mos.
(Include pregnancy within 3 months of death)

Major findings: 7/31
Of operations:
Of autopsy:
PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury
23. Signature L. B. Mullen (M. D. or other)
Address 2608 S. Kingshighway Date signed 7/16/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Jose B. Hollmer*.....
Licensed Embalmer No. *4014*.....
P. O. Address *3125 Lafayette Ave*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.